

LEVINE MANAGEMENT GROUP, INC.

COMPLEX

RENTAL APPLICATION – SPECIAL PROGRAMS

LAST NAME OF APPLICANT 1				FIRST				INITIAL				DAY PHONE			
STREET ADDRESS				CITY				STATE				ZIP			
DATE OF BIRTH		AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.		CITZ	ETH	RACE	ARE YOU A STUDENT? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		MARKETING SOURCE		
LAST NAME OF CO-APPLICANT 2				FIRST				INITIAL				DAY PHONE			
DATE OF BIRTH		AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.		CITZ	ETH	RACE	ARE YOU A STUDENT? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		ARE YOU CURRENTLY RECEIVING SECTION 8 <input type="checkbox"/> YES <input type="checkbox"/> NO		
RELATIONSHIP OF CO-APPLICANT TO APPLICANT								PREFERRED BEDROOM SIZE							
CITIZENSHIP (CITZ) C = Citizen EN = Eligible Non Citizen IN = Ineligible Non Citizen				ETHNICITY (ETH) H = Hispanic NH = Non Hispanic				RACE: A = Asian W = White H = Native Hawaiian or Other Pacific Islander B = Black or African American I = American Indian or Alaskan Native O = Other							
ELDERLY STATUS		<input type="checkbox"/> OVER 62 <input type="checkbox"/> DISABLED/HANDICAP		DO YOU NEED AN ACCESSIBLE UNIT <input type="checkbox"/> YES <input type="checkbox"/> NO											
PETS		DO YOU HAVE ANY PETS? (INCLUDE BIRDS, FISH, ETC.) <input type="checkbox"/> NO <input type="checkbox"/> YES – IF YES, WHAT KIND?								APARTMENT TO BE OCCUPIED BY # PERSONS					
OTHER OCCUPANTS		DO NOT LIST YOURSELF OR YOUR CO-APPLICANT. IF MORE THAN 8, USE *ADDITIONAL INFORMATION ON REVERSE SIDE.													
LAST NAME		FIRST NAME		BIRTH DATE		AGE	SEX M F	CITZ	ETH	RACE	SOCIAL SECURITY #		RELATIONSHIP TO APPLICANT		
3															
4															
5															
6															
7															
8															
INCOME SOURCES		LIST SOURCES OF INCOME FOR ALL FAMILY MEMBERS 18 YEARS OR OLDER. TOTAL MONTHLY INCOME FOR HOUSEHOLD.													
Employment		\$ _____ / per _____		SSI		\$ _____ / per _____		Unemployment		\$ _____ / per _____		Other (Type)			
Employment		\$ _____ / per _____		SSI		\$ _____ / per _____		Pension		\$ _____ / per _____					
Employment		\$ _____ / per _____		AFDC		\$ _____ / per _____		Pension		\$ _____ / per _____		\$ ____ / per ____			
Social Security		\$ _____ / per _____		General Relief		\$ _____ / per _____		Child Support		\$ _____ / per _____					
Social Security		\$ _____ / per _____		Unemployment		\$ _____ / per _____		Alimony		\$ _____ / per _____		\$ ____ / per ____			
BANK ACCOUNTS		CHECKING <input type="checkbox"/> YES Average Balance \$ _____ <input type="checkbox"/> NO				SAVINGS <input type="checkbox"/> YES Amount \$ _____ <input type="checkbox"/> NO									
PRESENT EMPLOYER		COMPANY NAME				TELEPHONE				SALARY		DATE OF EMPLOYMENT FROM:			
ADDRESS															
PRESENT EMPLOYER		COMPANY NAME				TELEPHONE				SALARY		DATE OF EMPLOYMENT FROM:			
ADDRESS															
PRESENT EMPLOYER		COMPANY NAME				TELEPHONE				SALARY		DATE OF EMPLOYMENT FROM:			
ADDRESS															
BEFORE SIGNING, THIS APPLICATION MUST BE FILLED OUT COMPLETELY ON BOTH SIDES. BOTH SIDES MUST BE COMPLETE TO PROCESS. We are an equal housing opportunity provider. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act. Your signature below authorizes management to obtain a "consumer report" at any time during the application process or any time after initial occupancy as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681 a(d), seeking information on creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.															
OWNER OR AGENT HAS THE RIGHT TO REJECT THIS APPLICATION AND RETURN THE DEPOSIT(S) AT ANY TIME PRIOR TO EXECUTION OF A LEASE AGREEMENT. IF APPLICANT(S) WITHDRAWS APPLICATION OR FAILS TO EXECUTE A LEASE AGREEMENT UPON REQUEST OF OWNER OR AGENT, THE DEPOSIT(S) MAY BE RETAINED BY OWNER AS LIQUIDATED DAMAGES.															
Applicant(s) hereby represents that the statements on both sides are true and complete, and authorizes inquiries of any statement made herein.															
APPLICANT SIGNATURE				DATE		CO-APPLICANT SIGNATURE				DATE					
RESIDENT MANAGER SIGNATURE				DATE RECEIVED		TIME RECEIVED									

MUST INCLUDE LANDLORD HISTORY FOR LAST 3 YEARS.

PRESENT LANDLORD	NAME	TELEPHONE	MONTHLY PAYMENT	DATES OR RESIDENCE FROM:
ADDRESS				TO:
REASON FOR LEAVING				
PREVIOUS LANDLORD	NAME	TELEPHONE	MONTHLY PAYMENT	DATES OR RESIDENCE FROM:
ADDRESS				TO:
REASON FOR LEAVING				
PREVIOUS LANDLORD	NAME	TELEPHONE	MONTHLY PAYMENT	DATES OR RESIDENCE FROM:
ADDRESS				TO:
REASON FOR LEAVING				
IN CASE OF EMERGENCY NOTIFY	NAME	RELATIONSHIP	TELEPHONE	
ADDRESS				
OUT OF STATE RESIDENTIAL HISTORY	HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD 18 YEARS OF AGE OR OLDER EVER RESIDED IN ANOTHER STATE? IF SO, PLEASE COMPLETE THE FOLLOWING: SHOULD YOU NEED ADDITIONAL SPACE PLEASE USE A SEPARATE SHEET OF PAPER.			
NAME OF HOUSEHOLD MEMBER			DATES OF RESIDENCY	
OUT OF STATE ADDRESS		CITY	STATE	ZIP
NAME OF HOUSEHOLD MEMBER			DATES OF RESIDENCY	
OUT OF STATE ADDRESS		CITY	STATE	ZIP
NAME OF HOUSEHOLD MEMBER			DATES OF RESIDENCY	
OUT OF STATE ADDRESS		CITY	STATE	ZIP
PRIOR TENANCY Has your family's assistance or tenancy in a subsidized housing program ever been terminated for: Fraud <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____ Nonpayment of rent <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____ Failure to cooperate with recertification procedures <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____				
CRIMINAL CONVICTION	Have you or any member of your household ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which family member		<input type="checkbox"/> misdemeanor or <input type="checkbox"/> felony	If yes, which family member <input type="checkbox"/> misdemeanor or <input type="checkbox"/> felony	
WHEN	WHERE - CITY & STATE		WHEN	WHERE - CITY & STATE
EXPLAIN DETAILS		EXPLAIN DETAILS		
* ADDITIONAL COMMENTS				

SIGNATURE OF HEAD OF HOUSEHOLD

DATE _____